

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

Attorney Docket No.:  
**55320.001041**

In re Application Of **Anne Mette Buhl HERTZ, et al.**  
Application Number **10/535,500**  
Filed **May 18, 2005**  
For **METHODS AND KITS FOR DIAGNOSING AND TREATING B-CELL CHRONIC LYMPHOCYTIC LEUKEMIA**  
Group Art Unit **Unassigned**  
Examiner **Unassigned**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate fee is as follows:

- |   | Large Entity | Small Entity     | Amount          |
|---|--------------|------------------|-----------------|
| <input type="checkbox"/> One Month            | \$ 110.00    | \$ 55.00         | \$              |
| <input checked="" type="checkbox"/> Two Month | \$ 420.00    | \$ <b>210.00</b> | <b>\$210.00</b> |
| <input type="checkbox"/> Three Month          | \$ 950.00    | \$ 475.00        | \$              |
| <input type="checkbox"/> Four Month           | \$1480.00    | \$ 740.00        | \$              |
| <input type="checkbox"/> Five Month           | \$2010.00    | \$1005.00        | \$              |
- ☐ Applicant claims small entity status. See 37 CFR 1.27.  
☒ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. **50-0206**. A duplicate of this sheet is attached.
- I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).;  
☒ attorney or agent of record.  
☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**May 26, 2006**

Date



Signature

**Alexander H. Spiegler**

Typed or Printed Name

**56,625**

Registration Number (if applicable)

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of **1** form(s) is/are submitted.

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